Fill in this information to identify your c		
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF OKLAHOMA		
Case number (if known):	Chapter you are filing under:  ✓ Chapter 7  ☐ Chapter 11  ☐ Chapter 12  ☐ Chapter 13	Check if this is a amended filing

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	Catherine	
	identification (for example,	First Name	First Name
	your driver's license or passport).	Irene Middle Name	Middle Name
	,	Hassler	
	Bring your picture identification to your meeting	Last Name	Last Name
,	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of		
	your Social Security	$xxx - xx - \underline{4} \underline{5} \underline{7} \underline{9}$	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx -	9xx - xx -

(ITIN)

Del	btor 1 Catherine Irene H	lassler C	Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer	☐ I have not used any business names or EINs	.   I have not used any business names or EINs.		
	Identification Numbers	Door Dash			
	(EIN) you have used in	Business name	Business name		
	the last 8 years	Uber Eats			
	Include trade names and	Business name	Business name		
	doing business as names	Postmates Business name	Business name		
			Business name		
		Shipt Business name	Business name		
			<u> </u>		
		_	_		
		EIN	EIN		
5.	Where you live		If Debtor 2 lives at a different address:		
		922 E 61st Street Apt. 4-H			
		Number Street	Number Street		
		Tulsa OK 74136			
		City State ZIP Code	City State ZIP Code		
		Tulsa			
		County	County		
		If your mailing address is different from	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court		
		the one above, fill it in here. Note that the			
		court will send any notices to you at this mailing address.	will send any notices to you at this mailing address.		
		mailing address.	auuress.		
		Number Street	Number Street		
		P.O. Box	P.O. Box		
		City State ZIP Code	City State ZIP Code		
6.	Why you are choosing	Check one:	Check one:		
	this district to file for	Over the last 180 days before filing this	Over the last 180 days before filing this		
	bankruptcy	petition, I have lived in this district longer	petition, I have lived in this district longer		
		than in any other district.	than in any other district.		
		☐ I have another reason. Explain.	☐ I have another reason. Explain.		
		(See 28 U.S.C. § 1408.)	(See 28 U.S.C. § 1408.)		

Deb	otor 1 Catherine Irene Ha	assler		Case number (if known)			
Р	art 2: Tell the Court A	About Your	Bankruptcy Case				
7.	The chapter of the Bankruptcy Code you		e: (For a brief description of each, suptcy (Form 2010)). Also, go to the		0 ()		
	are choosing to file under	<b>☑</b> Chap	ter 7				
		☐ Chap	ter 11				
		☐ Chap	Chapter 12				
		☐ Chap	ter 13				
8.	How you will pay the fee	court pay v	pay the entire fee when I file my for more details about how you ma with cash, cashier's check, or mone off, your attorney may pay with a cre	ay pay. Typically, if you are pay y order. If your attorney is sub	ying the fee yourself, you may omitting your payment on your		
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).				
		By la than fee ir	uest that my fee be waived (You way, a judge may, but is not required 150% of the official poverty line that installments). If you choose this care waived (Official Form 103B)	to, waive your fee, and may do at applies to your family size ar option, you must fill out the App	o so only if your income is less and you are unable to pay the		
9.	Have you filed for	<b>√</b> No					
	bankruptcy within the last 8 years?	☐ Yes.					
	lucto youro.	District		When	Case number		
				MM / DD / YYYY	Case number		
		District _		When	Case number		
10.	Are any bankruptcy	<b>☑</b> No		, 23,			
	cases pending or being filed by a spouse who is	Yes.					
	not filing this case with you, or by a business	Debtor _		Relations	hip to you		
	partner, or by an	District _		When	Case number,		
	affiliate?			MM / DD / YYYY	if known		
		Debtor _		Relationsh	hip to you		
		District _		When	Case number,		
				MM / DD / YYYY	if known		
11.	Do you rent your residence?	□ No. ✓ Yes.	Go to line 12.  Has your landlord obtained an ev	iction judgment against you?			
		<u>.</u>	No. Go to line 12.	nt About an Eviction Judgment	Against You (Form 101A)		

Debtor 1 Catherine Irene Hassler			Case number (if known)						
P	art 3:	Report About Ar	ıy Bı	ısine	sses You Own as a	Sole Proprietor			
12.	-	a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	usiness			
	A l				Door Dash - Delive	ry Service			
		roprietorship is a s you operate as an			Name of business, if any	•			
		al, and is not a			922 E 61st Street A	pt 4H			
		e legal entity such as ration, partnership, or			Number Street				
					Tulsa		OK	7413	6
	-	ave more than one			City		State	ZIP Co	
		prietorship, use a e sheet and attach it			Check the appropriate	box to describe your business:			
	to this p					•			
					<b>—</b>	ness (as defined in 11 U.S.C. §	. ,,		
						Estate (as defined in 11 U.S.C efined in 11 U.S.C. § 101(53A)		))	
						er (as defined in 11 U.S.C. § 10	•		
					✓ None of the above				
13.	Are you filing under     Chapter 11 of the     Bankruptcy Code and     are you a small business		can mos	<i>set ap</i> st rece	ppropriate deadlines. If ynt balance sheet, statem	the court must know whether you indicate that you are a sma you indicate that you are a sma tent of operations, cash-flow state of exist, follow the procedure in	ıll business d atement, and	debtor, you d federal ir	ı must attach your ncome tax return
	debtor?	debtor?	$\overline{\mathbf{V}}$	No.	I am not filing under Cl	napter 11.			
		efinition of small s debtor, see		No.	I am filing under Chapt the Bankruptcy Code.	er 11, but I am NOT a small bu	ısiness debto	or accordir	ng to the definition in
	11 U.S.	C. § 101(51D).		Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
P	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous F	Property or Any Property	y That Ne	eds Imn	nediate Attention
14.	-	own or have any y that poses or is	$\overline{\Delta}$	No	\\\\\ -4 io 4b o b o o o o o				
	alleged immine	to pose a threat of nt and identifiable to public health or	Ц	Yes.	What is the hazard?				
	any pro	Or do you own perty that needs attention?			If immediate attention i	is needed, why is it needed?			
	perishal	mple, do you own ble goods, or			Where is the present of				
		k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
						City		State	ZIP Code

Debtor 1 Catherine Irene Hassler Case number (if known)

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about						
credit counseling because of:						
□ Incapacity	I have a montal illness or a mor					

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

certificate of completion.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

# ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Ca		Catherine Irene Has		Case number (if known)				
Р	art 6:	Answer These C	uest	ions for Reporting I	Purpos	es		
16.	What ki	ind of debts do you	16a.	-	vidual pr 6b.	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
	16b.		Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.					
			16c.	State the type of debts	you owe	e that are not consumer or bu	sines	s debts.
17.	Are you	u filing under r 7?		No. I am not filing und	der Chap	ter 7. Go to line 18.		
	any exe exclude adminis are paid availab	estimate that after empt property is ed and strative expenses d that funds will be lefor distribution ecured creditors?				•	-	xempt property is excluded and to distribute to unsecured creditors?
18.		any creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

Debtor 1	Catherine Irene Hassler		Case number (if known)			
Part 7:	Sign Below					
For you		I have examined this petition, and I declare and correct.	under penalty of perjury that the information provided is true			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		•	ncealing property, or obtaining money or property by fraud in ult in fines up to \$250,000, or imprisonment for up to 20 years, d 3571.			
		X /s/ Catherine Irene Hassler Catherine Irene Hassler, Debtor 1	X Signature of Debtor 2			
		Executed on 08/27/2019	Executed on			

MM / DD / YYYY

MM / DD / YYYY

Debtor 1	Catherine Irene H	assier	Case number (if known)				
represente	not represented by y, you do not need	I, the attorney for the debtor(s) named in the eligibility to proceed under Chapter 7, 11, 1 relief available under each chapter for which the debtor(s) the notice required by 11 U.S certify that I have no knowledge after an incise incorrect.	2, or 13 of title 11, United Sta th the person is eligible. I also C. § 342(b) and, in a case in	tes Code, and have explained the o certify that I have delivered to which § 707(b)(4)(D) applies,			
		X /s/ Charles J. Kania Signature of Attorney for Debtor	Date	08/27/2019 MM / DD / YYYY			
		Charles J. Kania Printed name  Law Office of Charles Kania Firm Name  5319 S. Lewis Avenue, Suite 120 Number Street  Tulsa, OK 74105					
		Charles@kanialaw.com					
		City	State	ZIP Code			
		Contact phone (918) 743-2239	Email address <b>charle</b>	s@kanialaw.com			
		20512		_			
		Bar number	State				

Fill in this inf	ormation to id	lentify your ca	se and this filing:		
Debtor 1	Catherine	Irene	Hassler		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for	the: NORTHERN	DISTRICT OF OKLAHOMA		
Case number				Charle	if the in the second
(if known)				_	if this is an led filing
					ŭ
Official Form	106A/B				
					40/45
Schedule A/	B: Property				12/15
filing together, both sheet to this form.	th are equally res . On the top of a	sponsible for supp ny additional page	Be as complete and accurate as polying correct information. If more is, write your name and case numb	space is needed, attach a er (if known). Answer eve	separate ry question.
Part 1: Des	scribe Each R	esidence, Buil	ding, Land, or Other Real Es	tate You Own or Have	an Interest In
✓ No. Go t		•	est in any residence, building, land	, or similar property?	
	-	-	all of your entries from Part 1, inclu Write that number here	_	\$0.00
Part 2: Des	scribe Your V	ehicles			
-		•	t in any vehicles, whether they are le, also report it on Schedule G: Exec	_	•
3. Cars, vans, tr	ucks, tractors, s	port utility vehicle	s, motorcycles		
□ No <b>☑</b> Yes					
3.1.		Who ha	as an interest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Make:	Lexus	Check	one.	amount of any secured claim	ims on Schedule D:
Model:	RX 300		btor 1 only	Creditors Who Have Claim	
Year:	2001		btor 2 only btor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate milea	ge: <b>170,000</b>	_	least one of the debtors and another	\$1,500.00	\$1,500.00
Other information:		⊔		Ψ1,000.00	Ψ1,000.00
2001 Lexus RX 3 miles) VIN JTJG		, <u> </u>	eck if this is community property e instructions)		

Deb	tor 1 Catherine Ir	ene Hassler	Case number (if known)
4.	•	notor homes, ATVs and other recreational vehicles, oth lers, motors, personal watercraft, fishing vessels, snowmob	•
	Yes		
5.		of the portion you own for all of your entries from Part : I have attached for Part 2. Write that number here	
P	art 3: Describe	Your Personal and Household Items	
Do	you own or have any le	egal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
6.	Household goods and Examples: Major appli	d furnishings iances, furniture, linens, china, kitchenware	
	□ No ☑ Yes. Describe	Household goods & furnishings	\$750.00
7.	-	s and radios; audio, video, stereo, and digital equipment; cections; electronic devices including cell phones, cameras,	·
	✓ No ☐ Yes. Describe		
8.	stamp, coir	nd figurines; paintings, prints, or other artwork; books, picton, or baseball card collections; other collections, memorabi	•
	<ul><li>✓ No</li><li>✓ Yes. Describe</li></ul>		
9.		s and hobbies otographic, exercise, and other hobby equipment; bicycles, d kayaks; carpentry tools; musical instruments	, pool tables, golf clubs, skis;
	✓ No ☐ Yes. Describe		
10.		L es, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes. Describe		
11.		clothes, furs, leather coats, designer wear, shoes, accesso	ries
	☐ No  ✓ Yes. Describe	Clothing for one adult.	\$350.00
12.	gold, silver	ewelry, costume jewelry, engagement rings, wedding rings	, heirloom jewelry, watches, gems,
	☐ No ☑ Yes. Describe	Misc. Jewelry	\$100.00

Deb	otor 1 Catherine Irer	ne Hassler		Case number (if known)	
13.	Non-farm animals  Examples: Dogs, cats, b	oirds, horses			
	□ No	ao, 1101000			
	Yes. Describe	og Chiwe	enie		Unknown
14.	Any other personal and did not list	l household	l items you did not already list, including any	health aids you	
	<b>☑</b> No				
	Yes. Give specific				7
	information				
15.			entries from Part 3, including any entries for ber here		\$1,200.00
Pa	art 4: Describe Y	our Finan	cial Assets		
Doy	you own or have any leg	al or equita	ble interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash				
	Examples: Money you h petition	ave in your	wallet, in your home, in a safe deposit box, and	on hand when you file your	
	□ No				
	Yes			Cash:	\$125.00
17.	17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.				
	□ No				
	▼ Yes	••	Institution name:		
	17.1. Checking a	ccount:	USAA Checking account No. 25969307	7	\$57.06
	17.2. Checking a	ccount:	Chase Checking account No. 0000003	68110729	\$3,631.15
18.	Bonds, mutual funds, o Examples: Bond funds,		raded stocks accounts with brokerage firms, money market ac	ccounts	
	✓ No ☐ Yes	Institutio	on or issuer name:		
19.	Non-publicly traded sto an interest in an LLC, p		rests in incorporated and unincorporated bu and joint venture	sinesses, including	
	<b>☑</b> No				
	Yes. Give specific				
	information about	Nome =	f ontity:	0/ of auroarchin	
	them	Name of	i enuty.	% of ownership:	

Deb	tor 1 Catherine Irene Hassler	Case number (if known	)
20.	Government and corporate bonds and other negotiable and non-negotion Negotiable instruments include personal checks, cashiers' checks, promiss Non-negotiable instruments are those you cannot transfer to someone by significant transfer to some one by significant transfer to some one by significant transfer	ory notes, and money orders.	
	✓ No  Yes. Give specific information about them Issuer name:		
21.	Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts  profit-sharing plans	ecounts, or other pension or	
	<ul><li>✓ No</li><li>Yes. List each account separately. Type of account: Institution name:</li></ul>		
22.	Security deposits and prepayments Your share of all unused deposits you have made so that you may continue Examples: Agreements with landlords, prepaid rent, public utilities (electric companies, or others		
	No Institution name or individua	1.	
	Yes		\$175.00
23	Annuities (A contract for a specific periodic payment of money to you, eith		· · · · · · · · · · · · · · · · · · ·
20.	✓ No  ✓ Yes Issuer name and description:	ior for the or for a humber of year	10)
24.	Interests in an education IRA, in an account in a qualified ABLE prograted U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ım, or under a qualified state t	uition program.
	<ul><li>✓ No</li><li>✓ Yes Institution name and description. Separately file</li></ul>	le the records of any interests.	11 U.S.C. § 521(c)
25.	Trusts, equitable or future interests in property (other than anything lispowers exercisable for your benefit		
	<b>☑</b> No		
	Yes. Give specific information about them		
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual p Examples: Internet domain names, websites, proceeds from royalties and I		
	✓ No ☐ Yes. Give specific information about them		
27.	Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association ho	oldings, liquor licenses, professio	onal licenses
	✓ No  Yes. Give specific		
	information about them		
Wor	ney or property owed to you?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	☑ No		
	Yes. Give specific information about them, including whether		Federal:
	you already filed the returns		State:
	and the tax years		Local:

Deb	otor 1 Catherine Irene Hassler	Case number (if known)
29.	Family support  Examples: Past due or lump sum alimony, spousal support, child support, mair	ntenance, divorce settlement, property settlement
	No No Civa anasifia information	Alimony
	Yes. Give specific information	Alimony:
		Maintenance:
		Support:
		Divorce settlement:
		Property settlement:
30.	Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, side compensation, Social Security benefits; unpaid loans you made to some No	
	Yes. Give specific information	
31.	Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); or	redit, homeowner's, or renter's insurance
	No  Yes. Name the insurance company of each policy and list its value Company name:	Beneficiary: Surrender or refund value:
32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance entitled to receive property because someone has died	policy, or are currently
	<ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>	
33.	Claims against third parties, whether or not you have filed a lawsuit or material Examples: Accidents, employment disputes, insurance claims, or rights to sue	de a demand for payment
	✓ No ☐ Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including countrights to set off claims	erclaims of the debtor and
	✓ No ☐ Yes. Describe each claim	
35.	Any financial assets you did not already list	
	<ul><li>No</li><li>Yes. Give specific information</li></ul>	
36.	Add the dollar value of all of your entries from Part 4, including any entries attached for Part 4. Write that number here	
Pa	art 5: Describe Any Business-Related Property You Own or I	Have an Interest In. List any real estate in Part 1
37.	Do you own or have any legal or equitable interest in any business-related	property?
	No. Go to Part 6.	
	☐ Yes. Go to line 38.	

Debtor 1		Catherine Irene Has	csler Case number (if known)	
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accoun	its receivable or comm	issions you already earned	
	✓ No ☐ Yes	. Describe		
39.	Example	equipment, furnishings es: Business-related cod desks, chairs, electr	mputers, software, modems, printers, copiers, fax machines, rugs, telephones	,
	✓ No ☐ Yes	. Describe		
40.	Machin	ery, fixtures, equipmer	nt, supplies you use in business, and tools of your trade	
	✓ No ☐ Yes	. Describe		
41.	Invento	ry		
	✓ No ☐ Yes	. Describe		
42.	Interest	s in partnerships or jo	int ventures	
	<b>№</b> No			
	لكا	. Describe Name of	f entity: % of owners	hip:
43.	Custom	ner lists, mailing lists, o	or other compilations	
	▼ No Yes	Do your lists include No Yes. Describe	personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property	y you did not already list	
	✓ No ☐ Yes	. Give specific informat	ion.	
45.			our entries from Part 5, including any entries for pages you have number here	→ \$0.00
Pa			n- and Commercial Fishing-Related Property You Own or Ha n interest in farmland, list it in Part 1.	ve an Interest In.
46.	Do you	own or have any legal	or equitable interest in any farm- or commercial fishing-related property?	•
		Go to Part 7. Go to line 47.		

## Case 19-11784-R Document 1 Filed in USBC ND/OK on 08/27/19 Page 15 of 72

Deb	tor 1 Catherine Irene Hassler	Case number (if known)	
47	Form animals		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals  Examples: Livestock, poultry, farm-raised fish		
	✓ No ☐ Yes		]
48.	Cropseither growing or harvested		
	✓ No  Yes. Give specific information		]
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of	f trade	
	✓ No ☐ Yes		]
50.	Farm and fishing supplies, chemicals, and feed		
	✓ No ☐ Yes		
51.	Any farm- and commercial fishing-related property you did not already list	t	
	✓ No  Yes. Give specific information		]
52.	Add the dollar value of all of your entries from Part 6, including any entries attached for Part 6. Write that number here		\$0.00
Pa	art 7: Describe All Property You Own or Have an Interest in	That You Did Not List Above	)
53.	Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership		
	<ul><li>✓ No</li><li>✓ Yes. Give specific information.</li></ul>		
54.	Add the dollar value of all of your entries from Part 7. Write that number h	nere→	\$0.00

Debtor 1	Catherine Irene Hassler	Case no	umber (if known)	
Part 8:	List the Totals of Each Part of this Form			
55. Part 1	l: Total real estate, line 2		<b></b>	\$0.00
56. Part 2	2: Total vehicles, line 5	\$1,500.00		
57. Part 3	3: Total personal and household items, line 15	\$1,200.00		
58. Part 4	l: Total financial assets, line 36	\$3,988.21		
59. Part 5	5: Total business-related property, line 45	\$0.00		
60. Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7	7: Total other property not listed, line 54	+\$0.00		
62. Total	personal property. Add lines 56 through 61	\$6,688.21	Copy personal property total	+\$6,688.21
63. Total	of all property on Schedule A/B. Add line 55 + line 62	2		\$6,688.21

Fill in this inf	ormation to ic	dentify your o	case:			
Debtor 1	Catherine	Irene	Hassler			
Debtor 2	First Name	Middle Name	Last Name			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for	the: <b>NORTHE</b>	RN DISTRICT OF (	OKL	AHOMA	Check if this is an
Case number (if known)						amended filing
Official Form						
Schedule C	: The Prope	rty You Cl	aim as Exemp	ot		04/19
Using the property	you listed on <i>Sch</i> ill out and attach to	edule A/B: Prope o this page as m	erty (Official Form 10	6A/B)	as your source, list th	esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages,
is to state a speci exempted up to the receive certain be exemption of 100°	fic dollar amount ne amount of any nefits, and tax-ex % of fair market v	as exempt. Alt applicable stat kempt retiremer alue under a la	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe	claii emp imite mpti	n the full fair market tionssuch as those d in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount.
Part 1: Ide	entify the Prop	erty You Cla	im as Exempt			
1. Which set of	exemptions are y	vou claiming?	Check one only	even	if your spouse is filing	with you
✓ You are		l federal nonban	kruptcy exemptions.		, ,	
_	-			nnt f	ill in the information	helow
			•	-		
Brief description Schedule A/B that			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description:			\$1,500.00	_		Okla. Stat. tit. 31 § 1(A)(13)
2001 Lexus RX	300 (approx. 17	0,000	Ψ1,300.00	$\square$	100% of fair market	(Claimed: \$1,500.00
miles) VIN JTJG Line from Schedule		1			value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)
Brief description:			\$750.00	$\overline{\mathbf{V}}$	\$750.00	Okla. Stat. tit. 31 § 1(A)(3)
Household good Line from <i>Schedule</i>		S			100% of fair market value, up to any applicable statutory	
					limit	
-	•	-	more than \$170,350° rears after that for cas		ed on or after the date	of adjustment.)
✓ No ✓ Yes Did	I you acquire the r	property covered	by the exemption wit	hin 1	,215 days before you f	iled this case?
Yes. Did	, you dodaile tile t	or operty covered	Sy the exemption wit	1	,0 days bolole you l	nod and dado:

Debtor 1 Catherine Irene Hassler		Case number (if known)				
Part 2: Additional Page						
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
	Copy the value from Schedule A/B	Check only one box for each exemption				
Brief description: Clothing for one adult.	\$350.00	\$350.00 100% of fair market	Okla. Stat. tit. 31 § 1(A)(7)			
Line from Schedule A/B:11		value, up to any applicable statutory limit				
Brief description:  Cash in hand.	\$125.00	100% of fair market	Okla. Stat. tit. 12 § 1171.1 (Claimed: \$125.00			
Line from Schedule A/B:16		value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)			
Brief description: USAA Checking account No. 25969307	\$57.06	100% of fair market	Okla. Stat. tit. 12 § 1171.1 (Claimed: \$42.80			
Line from Schedule A/B:		value, up to any applicable statutory limit	100% of fair market value, up to any applicable statutory limit)			
Brief description:	\$3,631.15	. 🗆	Okla. Stat. tit. 12 § 1171.1 (Claimed:			
Chase Checking account No. 000000368110729			\$2,723.36 100% of fair market value, up to any			
Line from Schedule A/B: 17.2		applicable statutory	applicable statutory limit)			

Debtor 1	nformation to ider	Irene	Hassler			
Deptor 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the	e: <b>NORTHERN D</b>	DISTRICT OF OKLAI	HOMA_		
Case number (if known)					Check if this i	
Official For	m 106D					
Schedule [	D: Creditors W	ho Have Cla	aims Secured b	y Property		12/15
correct informat On the top of an  1. Do any cre	tion. If more space is y additional pages, w ditors have claims se	needed, copy the rite your name ar cured by your pro- nit this form to the	e Additional Page, fill indicase number (if know operty?	gether, both are equal it out, number the entr own).  hedules. You have not	ies, and attach it to th	s form.
	ist All Secured Cl					
claim, list th creditor has	ured claims. If a credi e creditor separately fo a particular claim, list ssible, list the claims ir ame.	or each claim. If m the other creditors n alphabetical orde Describe the	ore than one in Part 2. As r according to the e property that	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
		secures the	claim:			-
Creditor's name  Number Street						
City  Who owes the d  Debtor 1 only  Debtor 2 only  Debtor 1 and  At least one	/ I Debtor 2 only of the debtors and ano s claim relates	Continge Unliquida Disputed Nature of lie An agree Statutory Judgmen	ent ated I en. Check all that appl	as mortgage or secured mechanic's lien)		
Date debt was ii		Last 4 digits	of account number			
	alue of your entries ir					

Official Form 106D

all pages. Write that number here:

Fill in this int	ormation to it	dentify your ca	ase:			
Debtor 1	Catherine First Name	Irene Middle Name	Hassler Last Name	-		
	riistivaine	Middle Name	Lastivaine			
Debtor 2	First Name	Middle Nove	Loot Name	-		
(Spouse, if filing)	riist Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for	the: NORTHER	N DISTRICT OF OKLAHOMA	.		
Case number				-	Chook if this is	
(if known)				_	Check if this is amended filing	
Official Form	106E/F					
Schedule E/	F: Creditor	s Who Have	Unsecured Claims			12/15
If more space is n to this page. On t	eeded, copy the he top of any ad	Part you need, fil ditional pages, w	claims that are listed in Schedul Il it out, number the entries in the rite your name and case number secured Claims	boxes on the left. A		
		unsecured clain				
		unsecured claim	ns against you!			
✓ No. Got	lo Fait 2.					
claim. For ea show both pric more space is	ch claim listed, id ority and nonpriori	entify what type of ty amounts. As m ty unsecured clain	creditor has more than one priority claim it is. If a claim has both prior such as possible, list the claims in a ns, fill out the Continuation Page of	ority and nonpriority an alphabetical order acc	nounts, list that cla ording to the cred	aim here and itor's name. If
(For an explai	nation of each typ	e of claim, see the	instructions for this form in the ins	struction booklet.		
				Total claim	Priority amount	Nonpriority amount
2.1					amount	amount
2.1				-		_
Priority Creditor's Nam	ie		Last 4 digits of account number	·		
Ni mahau Stuaat			When was the debt incurred?		_	
Number Street			As of the data you file the claim	a io. Chook all that an	nly	
			As of the date you file, the clain  Contingent	i is: Check all that ap	piy.	
			Unliquidated			
City	State	ZIP Code	Disputed			
Ony Who incurred the			Type of PRIORITY unsecured cl	aim·		
Debtor 1 only			Domestic support obligations			
Debtor 2 only			Taxes and certain other debts		nent	
Debtor 1 and [	,		Claims for death or personal	,		
느	the debtors and a		intoxicated			
ш	claim is for a con	imunity debt	Other. Specify			
Is the claim subje  No	CL tO OHSEL?					
Yes						

Debtor 1 Catherine Irene Hassler	Case number (if known)	
Part 2: List All of Your NONPRIOR	TY Unsecured Claims	
3. Do any creditors have nonpriority unsecure	ed claims against you?	
<ul><li>No. You have nothing to report in this pa</li><li>✓ Yes</li></ul>	art. Submit this form to the court with your other schedules.	
If a creditor has more than one nonpriority unstype of claim it is. Do not list claims already in	is in the alphabetical order of the creditor who holds each claim. secured claim, list the creditor separately for each claim. For each claim listed, included in Part 1. If more than one creditor holds a particular claim, list the other younsecured claims, fill out the Continuation Page of Part 2.	•
		Total claim
4.1		\$1,396.00
Amex	Last 4 digits of account number 9 5 6 3	
Nonpriority Creditor's Name  Correspondence/Bankruptcy	When was the debt incurred? 05/2017	
Number Street PO Box 981540	As of the date you file, the claim is: Check all that apply.	
PO BOX 96 1540		
El Doog TV 70000	Disputed	
El Paso         TX         79998           City         State         ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
No No		
Yes		
Charge Off for \$1396 on 07/19 Account Closed By Grantor		
4.2		\$3,123.00
Amex	Last 4 digits of account number 4 9 3 3	
Nonpriority Creditor's Name	When was the debt incurred? 03/2018	
Correspondence/Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 981540	Contingent	
	☐ Unliquidated ☐ Disputed	
El Paso TX 79998		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No ☐ Yes		
Charge Off for \$3123 on 08/19		
Account Closed By Grantor		

Debtor 1 Catherine Irene Hassler	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$469.00
Capital One	Last 4 digits of account number 4 6 2 8	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred? 07/2018	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 30285	_ Contingent	
	Unliquidated	
Salt Lake City UT 84130	─ ☐ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 1 only  Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		
Charge Off for \$469 on 04/19		
Account Closed By Grantor		
4.4		
	Local Addition of a completion of the completion	\$2,524.00
Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number 9 9 0 5	
Attn: Bankruptcy	When was the debt incurred? 05/2017	
Number Street PO Box 15298	As of the date you file, the claim is: Check all that apply.	
10 200 10200		
	— Disputed	
Wilmington         DE         19850           City         State         ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify  Credit Card	
Is the claim subject to offset?	Credit Gard	
✓ No		
Yes		
Charge Off for \$2524 on 04/19		
Account Closed By Grantor		

Debtor 1 Catherine Irene Hassler	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.5		\$1,310.00
Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number 1 7 5 4	
Attn: Bankruptcy	When was the debt incurred? 08/2017	
Number Street PO Box 15298	As of the date you file, the claim is: Check all that apply.  —   Contingent	
	Unliquidated	
Wilmington DE 19850	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  ☐ Debtor 1 only	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?  No		
Yes		
Charge Off for \$1310 on 03/19		
Account Closed By Grantor		
4.6		\$2,000.00
City Veterinary Hospital	Last 4 digits of account number	
Nonpriority Creditor's Name 3550 S. Peoria Ave	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Disputed	
Tulsa         OK         74105           City         State         ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Unsecured	
Is the claim subject to offset?		
✓ No Yes		

Debtor 1	Catherine Irene Hassler	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the	em sequentially from the	Total claim
4.7			\$731.00
Credit On	ne Bank reditor's Name	Last 4 digits of account number 2 8 9 0	
ATTN: Ba	nkruptcy Department	When was the debt incurred? 07/2018  As of the date you file, the claim is: Check all that apply.	
PO Box 9	Street <b>8873</b>	Contingent	
		☐ Unliquidated ☐ Disputed	
Las Vega City	s         NV         89193           State         ZIP Code		
Who incur	red the debt? Check one.	Type of NONPRIORITY unsecured claim:  Student loans	
☑ Debtor ☐ Debtor	•	Obligations arising out of a separation agreement or divorce	
Debtor	1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
ш	t one of the debtors and another if this claim is for a community debt		
ш	n subject to offset?	orean cara	
✓ No ☐ Yes			
_	off for \$731 on 06/19		
Account			
	T TRANSFERRED SED BY ANOTHER LENDER		
4.8			¢2 257 00
	d / Navient	Last 4 digits of account number 0 9 0 8	\$3,257.00
	reditor's Name	When was the debt incurred? 09/2017	
Number PO Box 9	Street	As of the date you file, the claim is: Check all that apply.	
FO BOX 9	000		
Wilkes Ba	arr PA 18773	Disputed	
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
<b>⊘</b> Debtor	1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	2 only 1 and Debtor 2 only	that you did not report as priority claims	
At leas	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
_	if this claim is for a community debt	Educational	
Is the clair	n subject to offset?		
Yes			
Current A			

Debtor 1 Catherine Irene Hassler	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	ured Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.9		\$2,250.00
Dept of Ed / Navient	Last 4 digits of account number 0 9 0 8	
Nonpriority Creditor's Name	When was the debt incurred? 09/2017	
Attn: Claims Dept Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9635	Contingent	
	Unliquidated	
	Disputed	
Wilkes Barr PA 18773 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations origing out of a concretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Educational	
Is the claim subject to offset?		
<b>☑</b> No		
Yes		
Current Account		
FIXED RATE		
4.10		£2 200 00
	Look Address of a construction of the construc	\$3,200.00
Dept of Ed / Navient Nonpriority Creditor's Name	Last 4 digits of account number 0 3 0 1	
Attn: Claims Dept	When was the debt incurred? 02/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9635	Contingent	
	☐ Unliquidated ☐ Disputed	
Wilkes Barr PA 18773	— Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
☐ Debtor 1 only ☐ Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	☑ Other. Specify  Educational	
Is the claim subject to offset?	EuuGational	
·		
☑ No □ Yes		
Current Account		

**FIXED RATE** 

Debtor 1 Catherine Irene Hassler	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.11		\$2,190.00
Dept of Ed / Navient	Last 4 digits of account number 0 7 1 2	
Nonpriority Creditor's Name	When was the debt incurred? 07/2016	
Attn: Claims Dept Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9635	_ ☐ Contingent	
	Unliquidated	
Wilkes Barr PA 18773	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Educational	
Is the claim subject to offset?		
☑ No □ Yes		
Current Account		
FIXED RATE		
4.12		\$353.00
Dept of Ed / Navient	Last 4 digits of account number 0 1 3 0	
Nonpriority Creditor's Name	When was the debt incurred? 01/2014	
Attn: Claims Dept Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9635	_ ☐ Contingent	
	Unliquidated	
Wilkon Day DA 19772	Disputed	
Wilkes Barr PA 18773 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Educational	
Is the claim subject to offset?		
☑ No ☐ Yes		
Current Account FIXED RATE		

Debtor 1 Catherine Irene Hassler	Case number (if known)	
Part 2: Your NONPRIORITY Uns	ecured Claims Continuation Page	
After listing any entries on this page, number previous page.	er them sequentially from the	Total claim
4.13		\$3,833.00
Dept of Ed / Navient	Last 4 digits of account number 0 9 1 0	
Nonpriority Creditor's Name	When was the debt incurred? 09/2012	
Attn: Claims Dept Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9635	Contingent	
	Unliquidated	
Wilkes Barr PA 18773	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	☐ Student loans	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community de	Educational	
Is the claim subject to offset?  No		
☑ No □ Yes		
Current Account		
FIXED RATE		
4.14		¢2.422.00
Dept of Ed / Navient	Last 4 digits of account number 0 6 1 4	\$2,133.00
Nonpriority Creditor's Name	Last 4 digits of account number 0 6 1 4  When was the debt incurred? 06/2012	
Attn: Claims Dept Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9635	Contingent	
	Unliquidated	
Wilkes Barr PA 18773	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	☐ Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community de		
Is the claim subject to offset?		
✓ No Yes		
Current Account		

**FIXED RATE** 

Debtor 1	Catherine Irene Hassler	Case number (if known)		
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page		
	After listing any entries on this page, number them sequentially from the previous page.			
4.15			\$7,738.00	
Dept of E	d / Navient	Last 4 digits of account number 0 5 1 2	<u> </u>	
Nonpriority C	Creditor's Name	When was the debt incurred? 05/2009		
Attn: Clai	ims Dept Street	As of the date you file, the claim is: Check all that apply.		
PO Box 9		_ ☐ Contingent		
		Unliquidated		
Wilkes Ba	arr PA 18773	Disputed		
City	State ZIP Code	Type of NONPRIORITY unsecured claim:		
Who incur	rred the debt? Check one.	Student loans		
☑ Debtor	•	Obligations arising out of a separation agreement or divorce		
☐ Debtor	1 and Debtor 2 only	that you did not report as priority claims		
ш	st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts		
ш	if this claim is for a community debt	✓ Other. Specify  Educational		
_	m subject to offset?	Luucationai		
✓ No				
Yes				
Current A				
FIXED RA	ATE			
4.16			\$4,338.00	
Dept of F	d / Navient	Last 4 digits of account number 0 1 2 0	Ψ+,000.00	
Nonpriority C	Creditor's Name	When was the debt incurred? 01/2011		
Attn: Clai	Street	As of the date you file, the claim is: Check all that apply.		
PO Box 9		Contingent		
		Unliquidated		
Wilkes Ba	arr PA 18773	— Disputed		
City	State ZIP Code	Type of NONPRIORITY unsecured claim:		
	rred the debt? Check one.	☐ Student loans		
☑ Debtor		Obligations arising out of a separation agreement or divorce		
ш	<sup>-</sup> 2 only <sup>-</sup> 1 and Debtor 2 only	that you did not report as priority claims		
ш	st one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts		
ш	if this claim is for a community debt	✓ Other. Specify  Educational		
_	m subject to offset?	Laucational		
✓ No				
Yes				
Current A	Account			
FIXED RA	ATE			

Debtor 1 Catherine Irene Hassler	Case number (if known)	
Part 2: Your NONPRIORITY Unsec	ured Claims Continuation Page	
After listing any entries on this page, number the previous page.  4.17		Total claim \$2,855.00
Dept of Ed / Navient Nonpriority Creditor's Name Attn: Claims Dept Number Street PO Box 9635	Last 4 digits of account number 0 5 1 2  When was the debt incurred? 05/2009  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	
Wilkes Barr City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  ✓ No Yes  Current Account FIXED RATE	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Educational	
4.18  Discover Bank Nonpriority Creditor's Name c/o Stephen Bruce Number Street PO Box 808	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	\$9,107.52
Edmond  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collecting for Discover Bank	

Debtor 1	Catherine Irene Hassler	Case number (if known)				
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page				
After listing previous pa	g any entries on this page, number the age.	m sequentially from the	Total claim			
Discover Financial  Nonpriority Creditor's Name  Attn: Bankruptcy Department  Number Street PO Box 15316  Wilmington DE 19850 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes		Section 1. Section 2.				
		Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card				
Charge Of  4.20  Dr. Mark Monpriority Cr. 1705 E 191		Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.	\$500.00			
Debtor Debtor Debtor At least Check i	•	<ul> <li>Contingent</li> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify</li> <li>Unsecured</li> </ul>				

Debtor 1	Catherine Irene Hassler	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the age.	em sequentially from the	Total claim
4.21			\$1,360.00
EMSA		Last 4 digits of account number 1 2 2 7	
	reditor's Name	When was the debt incurred?	
1111 Clas	Street	As of the date you file, the claim is: Check all that apply.	
		_ Contingent	
		Unliquidated	
Oklahoma	a City OK 73103	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
wno incur	red the debt? Check one.	Student loans	
Debtor		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
_	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
ш	t one of the debtors and another	☑ Other. Specify	
ш	if this claim is for a community debt	Unsecured	
<b>—</b> NI:	n subject to offset?		
✓ No ☐ Yes			
4.22			\$731.00
	nding/Resurgent Capital	Last 4 digits of account number2890	
Nonpriority C Attn: Ban	reditor's Name kruptcv	When was the debt incurred? 04/2019	
Number	Street	As of the date you file, the claim is: Check all that apply.	
PO Box 1	0497	Contingent	
		☐ Unliquidated ☐ ☐ Disputed	
Greenville			
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor		Student loans  Obligations origing out of a congretion agreement or diverse	
Debtor	•	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
ш	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
ш	t one of the debtors and another	☑ Other. Specify	
_	if this claim is for a community debt	Factoring Company Account	
Is the clair	n subject to offset?		
Yes			
_	Creditor Name: CREDIT ONE BANK	( N.A.	
Collection			

Debtor 1	Catherine Irene Hassler	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the page.	m sequentially from the	Total claim
4.23			\$2,448.00
Oklahom	a Student Loan Authority/OSLA	Last 4 digits of account number 1 3 7 9	
Nonpriority C	Creditor's Name	When was the debt incurred? 05/2006	
Number	ral Park Drive Street	As of the date you file, the claim is: Check all that apply.	
Suite 600		_ Contingent	
		Unliquidated	
Oklahom	a City OK 73105	─	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.  1 only	Student loans	
لت	· 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
<b>二</b> *****	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
_	of the debtors and another	Other. Specify	
ш	if this claim is for a community debt	Educational	
No No	m subject to offset?		
Yes			
Current A	Account		
4.24			£2 240 00
ـــــــا	ay Bank/Same	Last 4 digits of account number 2 7 3 7	\$2,310.00
	ny Bank/Sams Creditor's Name	Last 4 digits of account number 2 7 3 7  When was the debt incurred? 06/2016	
Attn: Bar	street	As of the date you file, the claim is: Check all that apply.	
PO Box 9		Contingent  Contingent	
		Unliquidated	
Orlando	FL 32896	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
<b>—</b> D.1.4	red the debt? Check one.  1 only	Student loans	
<u> </u>	2 only	Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
ш	t one of the debtors and another	✓ Other. Specify	
☐ Check	if this claim is for a community debt	Charge Account	
	m subject to offset?		
✓ No ☐ Yes			
	Off for \$2310 on 05/19		
Account			
	T TRANSFERRED		
<b>PURCHA</b>	SED BY ANOTHER LENDER		

Debtor 1 Catherine Irene Hassler	Case number (if known)				
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page				
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim			
4.25		\$3,163.00			
Synchrony Bank/Sams Club	Last 4 digits of account number 7 9 1 9				
Nonpriority Creditor's Name Attn: Bankruptcy Dept	When was the debt incurred? 05/2017				
Number Street	As of the date you file, the claim is: Check all that apply.				
PO Box 965060	_ Contingent				
	☐ Unliquidated ☐ Disputed				
Orlando FL 32896					
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:				
Debtor 1 only	Student loans  Obligations out of a constation agreement or diverse				
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts				
At least one of the debtors and another	Other. Specify				
Check if this claim is for a community debt	Credit Card				
Is the claim subject to offset?  ✓ No					
Yes					
Charge Off for \$3163 on 03/19					
4.26		\$390.00			
Tulsa Community College	Last 4 digits of account number				
Nonpriority Creditor's Name	When was the debt incurred?				
Number Street	As of the date you file, the claim is: Check all that apply.				
	_ Contingent				
	☐ Unliquidated ☐ Disputed				
Tulsa OK 74135					
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:				
Debtor 1 only	Student loans				
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts				
At least one of the debtors and another	Other. Specify				
Check if this claim is for a community debt	Unsecured				
Is the claim subject to offset?  ✓ No					
Yes					

Debtor 1	Catherine Irer	ne Has	sler		Case	e number (if known)
Part 3:	List Others	to Be	Notified Abou	ut a Debt That You Already	/ Li:	sted
For ex- credito debts t	ample, if a collect or in Parts 1 or 2, that you listed in	tion ag then li Parts	ency is trying to state of the state of the collection a	collect from you for a debt you on agency here. Similarly, if you ha litional creditors here. If you do	owe ave r	ebt that you already listed in Parts 1 or 2. to someone else, list the original more than one creditor for any of the have additional parties to be notified for
Internal R	evenue Service	)		On which entry in Part 1 or P	art :	2 did you list the original creditor?
Name PO Box 80	)2501			Line of (Check one):		Part 1: Creditors with Priority Unsecured Claims
	Street			Required Notification		Part 2: Creditors with Nonpriority Unsecured Claims
<b>Cincinnati</b>	i	OH State	<b>45280</b> ZIP Code	Last 4 digits of account num	ber	
	evenue Service	)		On which entry in Part 1 or P	art 2	2 did you list the original creditor?
Name PO Box 73	346			Line of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street			Required Notification		Part 2: Creditors with Nonpriority Unsecured Claims
Philadelph City	nia	PA State	<b>19101-7346</b> ZIP Code	Last 4 digits of account num	ber	
	Tax Commiss	ion		On which entry in Part 1 or P	art :	2 did you list the original creditor?
Name P.O. Box 2	)693N			Line of (Check one):		Part 1: Creditors with Priority Unsecured Claims
	Street			Required Notification		Part 2: Creditors with Nonpriority Unsecured Claims
Oklahoma City	City	OK State	<b>73126</b> ZIP Code	Last 4 digits of account num	ber	
Stephen L	Bruce			On which entry in Part 1 or P	art :	2 did you list the original creditor?
Name Attorney a	ıt Law			Line of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims
	Street					Part 2: Creditors with Nonpriority Unsecured Claims
Edmond		ОК	73083-0808	Last 4 digits of account num	ber	
City		State	ZIP Code			

Debtor 1	Catherine Irene Hassler	Case number (if known)	
Part 4:	Add the Amounts for Each Type of Unsecured Claim		

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🛨	\$0.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. <b>+</b>	\$72,816.52
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$72,816.52

Fill in this inf	formation to i	dentify your case	:		
Debtor 1	Catherine	Irene	Hassler		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	) First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court fo	r the: NORTHERN D	ISTRICT OF OKL	AHOMA	
Case number					
(if known)				- ☐ Check if this is a amended filing	n
				amended ming	
Official Form	106G				
Schedule G	: Executory	Contracts an	d Unexpired	Leases	
•		ontracts or unexpired			
ш			•	chedules. You have nothing else to report on this forms are listed on Schedule A/B: Property (Official Form	
is for (for exa	•	cle lease, cell phone)	•	ntract or lease. Then state what each contract or s for this form in the instruction booklet for more exa	
Person or	r company with v	vhom you have the co	ontract or lease	State what the contract or lease is for	
	roperties		Apartment Lease		
Name <b>910 E 61</b>	st Street			Contract to be ASSUMED	
	Street			_	
-				_	
Tulsa		OK	74136	_	
City		State	ZIP Code		

Fil	l in this inf	ormation to iden	tify your case:				
De	btor 1	Catherine	Irene	Hassler			
		First Name	Middle Name	Last Name			
	btor 2 oouse, if filing)	First Name	Middle Name	Last Name			
Un	ited States Ba	nkruptcy Court for the	· NORTHERN DIS	TRICT OF OKLAHOMA			
	se number	apidy doubles and			_	_	
	known)					Check if this is an amended filing	
					I	3	
Off	icial Form	106H					
		Your Codebt	ors				12/1
		_		he entries in the boxes on t ne and case number (if knov		_	
1.	Do you have  ✓ No  Yes	any codebtors? (If	you are filing a joint	case, do not list either spous	e as a codebtor.)		
2.	<ul> <li>Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)</li> </ul>						
	✓ No. Go to line 3.  Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  No Yes						
3.	In Column 1, person show creditor on S	n in line 2 again as a	codebtor only if the form 106D), <i>Schedu</i>	e your spouse as a codebto at person is a guarantor or le E/F (Official Form 106E/F Column 2.	cosigner. Make sur	e you have listed the	

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Official Form 106H Schedule H: Your Codebtors page 1

F	ill in this inform	ation to ider	ntify your case:					
	Debtor 1	Catherine	Irene	Hassle	er			
		First Name	Middle Name	Last Nam	ne		Che	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nam	ne		—   □	An amended filing
	United States Bankru	uptcy Court for t	ne· NORTHERN	DISTRICT OF	OKLA	НОМА		A supplement showing postpetition
	Case number	apro) Countrion :						chapter 13 income as of the following date:
	(if known)							MM / DD / YYYY
0	fficial Form 10	<u>6l</u>						
S	chedule I: You	ur Income						12/15
res ind ab yo	sponsible for supply clude information ab out your spouse. If ur name and case n	ing correct info out your spous more space is	ormation. If you are ie. If you are sepai needed, attach a se n). Answer every o	e married and no rated and your s eparate sheet to	ot filing pouse	jointly is not f	, and your iling with y	Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your employ	yment						
	information.  If you have more the	nan one		Debtor 1				Debtor 2 or non-filing spouse
	job, attach a separa	3	ployment status	✓ Employed ✓ Not employed				<ul><li>☐ Employed</li><li>☐ Not employed</li></ul>
	additional employe	rs.	cupation	Food Delive	•			Not employed
	Include part-time, s		cupation	i ood Delive	ı y			_
	or self-employed w		ployer's name	Self - Door D	Dash			_
	Occupation may in	<b>-</b> ::	ployer's address	922 E 61st S	treet A	Apt. 4H		_
	student or homema applies.	aker, if it		Number Street				Number Street
								_
				Tulsa		ок	74136	
				City		State	Zip Code	City State Zip Code
		Но	w long employed t	here? 2 yea	rs		_	
	Part 2: Give D	etails About	Monthly Incom	е				
		me as of the da	te you file this forr		othing to	o report	for any line	, write \$0 in the space. Include your
lf y	٠.	spouse have mo	ore than one employ	er, combine the i	nformat	tion for	all employe	rs for that person on the lines below. If
						For D	ebtor 1	For Debtor 2 or non-filing spouse
2.			, and commission nthly, calculate what		2. ge		\$137.00	
3.	Estimate and list i	monthly overting	ne pay.		3.	+	\$0.00	
4.	Calculate gross in	come. Add lin	e 2 + line 3.		4.		\$137.00	

Debt	tor 1 Catherine Irene Hassler		Case nu	mber (if kn	own)		
			For Debtor 1		btor 2 or ing spouse		
	Copy line 4 here	4.	\$137.00			_	
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00				
	5b. Mandatory contributions for retirement plans	5b.	\$0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$0.00				
	5d. Required repayments of retirement fund loans	5d.	\$0.00				
	5e. Insurance	5e.	<b>\$0.00</b>				
	5f. Domestic support obligations	5f.	\$0.00				
	5g. Union dues	5g.	<b>\$0.00</b>				
	5h. Other deductions. Specify: Fuel	_ 5h. <b>-</b>	\$60.00				
	<b>Add the payroll deductions.</b> Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$60.00				
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$77.00				
	List all other income regularly received:	0 -	20.00				
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00				
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00				
	8e. Social Security	8e.	\$0.00				
	8f. Other government assistance that you regularly receive						
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify: Food Stamps	8f.	\$55.00				
	8g. Pension or retirement income	- 8g.	\$0.00				
	8h. Other monthly income.	- 3					
	Specify: VA Disability	8h. 🖣	\$1,833.00				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,888.00				
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$1,965.00	+		=	\$1,965.00
	State all other regular contributions to the expenses that you list in S	chedu					
	Include contributions from an unmarried partner, members of your housel friends or relatives.			ur roomma	tes, and oth	ıer	
	Do not include any amounts already included in lines 2-10 or amounts that	it are r	not available to pay	expenses	listed in Scl	nedu	ıle J.
	Specify:				11.	+	\$0.00
	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities						\$1,965.00 Combined
	if it applies.  Do you expect an increase or decrease within the year after you file t	his fo	rm?				nonthly income
	No. None.	10				—	
	Yes. Explain:						

G	ill in this inform	ation to identi	fy your case:			Char	-1. : <b>f</b> 41-:-	:		
	Debtor 1	Catherine First Name	Irene Middle Name	Hass Last Na				ıs: nded filing ement showing	postpetition	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame	_	chapter 13 expenses as of the following date:			
	United States Bankri	uptcy Court for the	NORTHERN DI	STRICT O	F OKLAHOMA		MM / DI	D / YYYY		
	Case number (if known)									
	fficial Form 10	6J				J				
Sc	chedule J: Yo	ur Expense	s						12/1	5
nai	rrect information. If me and case numbe	more space is ne	eded, attach anothower every question	er sheet to t	ling together, both a this form. On the top	-				
_			enoid							—
1.	□ No □ Yes	e 2. ebtor 2 live in a se . Debtor 2 must fil	eparate household? e Official Form 106J		s for Separate House	hold of	Debtor 2	2.		
2.	Do you have depe		No Yes. Fill out this infor each dependent		Dependent's relati	onship r 2	to	Dependent's age	Does depender live with you?	nt
	Debtor 2.		Tor Caon dependent						No No	
	Do not state the de names.	pendents'							- ☐ Yes ☐ No	
	names.								Yes	
									□ No □ Yes	
									□ No - □ Yes	
									□ No	
•	Do your evnence	ingludo	<b></b>						Yes	
3.	Do your expenses expenses of peop yourself and your	le other than	✓ No ☐ Yes							
P	Part 2: Estima	te Your Ongoi	ng Monthly Exp	enses						
to		of a date after the		-	are using this form as a supplemental Sche					_
	lude expenses paid ch assistance and h							Your expens	ses	
4.			enses for your resid				4		\$575.00	<u>_</u>
	If not included in	line 4:								
	4a. Real estate ta	xes					4	a		_
	4b. Property, hom	eowner's, or rente	's insurance				4	b	\$11.51	_
	4c. Home mainter	nance, repair, and	upkeep expenses				4	c		_
	4d Homeowner's	association or con	dominium dues				1	d		

Debto	Catherine Irene Hassler	Case number (if known)	
		Your e	xpenses
5. <i>A</i>	Additional mortgage payments for your residence, such as home equity loans	5	
6. L	Itilities:		
6	a. Electricity, heat, natural gas	6a	\$75.00
6	b. Water, sewer, garbage collection	6b	
ε	c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$82.00
6	d. Other. Specify:	6d.	
7. F	ood and housekeeping supplies	7	\$400.00
8. (	Childcare and children's education costs	8	
9. (	Clothing, laundry, and dry cleaning	9.	\$50.00
10. F	Personal care products and services	10.	\$80.00
11. N	Medical and dental expenses	11	\$105.00
	ransportation. Include gas, maintenance, bus or train are. Do not include car payments.	12	\$325.00
	Entertainment, clubs, recreation, newspapers, nagazines, and books	13	\$100.00
14. (	Charitable contributions and religious donations	14	
	nsurance.		
	On not include insurance deducted from your pay or included in lines 4 or 20.		
	5a. Life insurance	15a	
	5b. Health insurance	15b	
	5c. Vehicle insurance	15c	\$51.00
	5d. Other insurance. Specify: Pet Expenses	15d	\$80.00
	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	
17. I	nstallment or lease payments:		
1	7a. Car payments for Vehicle 1	17a	
1	7b. Car payments for Vehicle 2	17b	
1	7c. Other. Specify:	17c	
1	7d. Other. Specify:	17d	
	our payments of alimony, maintenance, and support that you did not report as leducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
	Other payments you make to support others who do not live with you.  Specify:	19.	

## Case 19-11784-R Document 1 Filed in USBC ND/OK on 08/27/19 Page 42 of 72

Deb	tor 1	Catherine Irene Hassler	Case number (if known) _	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e	
21.	Other	r. Specify:	21. <b>+</b>	
22.	Calcu	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$1,934.51
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	_
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$1,934.51
23.	Calcı	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$1,965.00
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b>	\$1,934.51
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$30.49
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fi	ile this form?	
		xample, do you expect to finish paying for your car loan within the year or do you expent to increase or decrease because of a modification to the terms of your mortgage	. ,	
	<b>1</b>	No.		
		Yes. Explain here: None.		
		Notice.		

Debtor 1	Catherine	Irene	Hassler			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if fi	ling) First Name	Middle Name	Last Name			
Jnited States	s Bankruptcy Court for	the: NORTHERN D	DISTRICT OF OKLAH	ОМА		
Case numbe		<u></u>			<b>-</b>	
(if known)				L	Check if this is amended filing	an
 )fficial Fo	orm 106Sum					
		ets and Liabilit	ties and Certain	Statistical Inform	ation	12/1
Part 1:	Summarize Your	Assets				
					<b>Your a</b> Value	essets of what you own
Schodulo	A/P: Proporty (Officia	1.E 4004/D)				•
Scriedule	A/B: Property (Officia	1 Form 106A/B)				
	, , ,	,	/B			\$0.00
1a. Cop	y line 55, Total real es	tate, from Schedule A				\$0.00 \$6,688.21
1a. Cop	y line 55, Total real es y line 62, Total person	tate, from Schedule A	edule A/B		<u> </u>	· ·
1a. Cop	y line 55, Total real es y line 62, Total person	tate, from Schedule A al property, from Sche	edule A/B		<u> </u>	\$6,688.21
1a. Copy 1b. Copy 1c. Copy	y line 55, Total real es y line 62, Total person y line 63, Total of all p	tate, from Schedule A al property, from Sche	edule A/B		Your	\$6,688.21
1a. Copy  1b. Copy  1c. Copy  Part 2:	y line 55, Total real es y line 62, Total person y line 63, Total of all p Summarize You  D: Creditors Who Hat	tate, from Schedule A al property, from Sche roperty on Schedule A r Liabilities	edule A/B  A/B  Property (Official Form		Your Amor	\$6,688.21 \$6,688.21 Iliabilities unt you owe
1a. Copy  1b. Copy  1c. Copy  Part 2:  Schedule  2a. Copy  Schedule	y line 55, Total real es y line 62, Total person y line 63, Total of all p  Summarize Your  D: Creditors Who Har y the total you listed in	tate, from Schedule A al property, from Sche roperty on Schedule A r Liabilities  ve Claims Secured by Column A, Amount of	Property (Official Form f claim, at the bottom of	106D) the last page of Part 1 of Scl	Your Amor	\$6,688.21 \$6,688.21 Iliabilities unt you owe
1a. Copy  1b. Copy  1c. Copy  Part 2:  Schedule  2a. Copy  Schedule  3a. Copy	y line 55, Total real es y line 62, Total person y line 63, Total of all p  Summarize Your  D: Creditors Who Har y the total you listed in E/F: Creditors Who Har y the total claims from	tate, from Schedule A al property, from Sche roperty on Schedule A r Liabilities  Ve Claims Secured by Column A, Amount of lave Unsecured Claim Part 1 (priority unsecu	Property (Official Form f claim, at the bottom of second Claims) from line 6e form 106E/F	106D) the last page of Part 1 of Scl	Your Amor	\$6,688.21 \$6,688.21  liabilities unt you owe \$0.00

# Part 3: Summarize Your Income and Expenses

Deb	tor 1	Catherine Irene Hassler Case nu	ımber (	if known) _					
P	art 4:	Answer These Questions for Administrative and Statistical Rec	cords						
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?								
	<ul> <li>No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> <li>✓ Yes</li> </ul>								
7.	What kind of debt do you have?								
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.								
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.								
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$1,902.50								
9.	Сору	the following special categories of claims from Part 4, line 6 of Schedule E/F:							
			T	otal claim					
	From	Part 4 on Schedule E/F, copy the following:							
	9a. [	Domestic support obligations. (Copy line 6a.)	_		\$0.00	-			
	9b	Taxes and certain other debts you owe the government. (Copy line 6b.)	_		\$0.00	-			
	9c. (	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	_		\$0.00	-			
	9d. \$	Student loans. (Copy line 6f.)	_		\$0.00	-			
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	_		\$0.00	-			
	9f. [	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+_		\$0.00	-			

9g. Total. Add lines 9a through 9f.

\$0.00

Fill in this inf	ormation to id	dentify your case	:	
Debtor 1	Catherine	Irene	Hassler	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for	the: NORTHERN D	ISTRICT OF OKLAHOMA	
Case number (if known)				Check if this is an amended filing
Official Form	106Dec			
	About an I	ndividual Debt	or's Schedules	12/
Sig	ın Below			
Did you pay	or agree to pay s	omeone who is NOT	an attorney to help you fill out	bankruptcy forms?
<b>☑</b> No				
Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalt true and corr		clare that I have read	the summary and schedules f	led with this declaration and that they are
	rine Irene Hass Irene Hassler, De		X Signature of Debtor 2	

MM / DD / YYYY

Date

Date <u>08/27/2019</u> MM / DD / YYYY

				•	
Fill in this ir	nformation to i	dentify your case	:		
Debtor 1	Catherine	Irene	Hassler		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	g) First Name	Middle Name	Last Name		
United States B	Bankruptcy Court for	the: NORTHERN D	ISTRICT OF OKLAHOMA		
Case number				_	
(if known)				☐ Check if this is an amended filing	
Official Forr	m 107				
Statement	of Financial	Affairs for Ind	lividuals Filing for Ba	ankruptcy	04/19
Part 1: G	ive Details Abo	out Your Marital S	Status and Where You Liv	ved Before	
1. What is you	ır current marital s	tatus?			
☐ Married	ii current maritar s	itatus :			
☑ Not mar	ried				
2. During the	last 3 years, have	you lived anywhere o	other than where you live now	?	
✓ No	•		·		
Yes. Lis	st all of the places y	ou lived in the last 3 y	ears. Do not include where you	live now.	
(Community		•	• .	ommunity property state or territory? na, Nevada, New Mexico, Puerto Rico, Texas	۶,
<b>√</b> No	,				
	ake sure you fill out	Schedule H: Your Co	debtors (Official Form 106H).		

Debtor 1	Catherine Irene Hassler		Case nur	mber (if known)	
Part 2:	Explain the Sources of	Your Income			
Fill in If you	ou have any income from employ the total amount of income you rec are filing a joint case and you have	eived from all jobs and all bu	sinesses, including par	t-time activities.	lendar years?
ш	lo ′es. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	uary 1 of the current year until ou filed for bankruptcy:		\$737.01	Wages, commissions, bonuses, tips	
,		Operating a business		Operating a business	
	st calendar year:	Wages, commissions, bonuses, tips	\$584.00	☐ Wages, commissions, bonuses, tips	
(January 1	to December 31,	Operating a business		Operating a business	
For the ca	llendar year before that:	✓ Wages, commissions, bonuses, tips	\$646.00	Wages, commissions, bonuses, tips	
(January 1	to December 31,	Operating a business		Operating a business	
Includ unem	ou receive any other income duri de income regardless of whether that apployment; and other public benefit plambling and lottery winnings. If you or 1.	at income is taxable. Examplo payments; pensions; rental ir	les of other income are ncome; interest; dividen	ds; money collected from la	awsuits; royalties;
	ach source and the gross income fr lo 'es. Fill in the details.	om each source separately.	Do not include income	that you listed in line 4.	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
	uary 1 of the current year until ou filed for bankruptcy:	VA Disability	\$13,981.00		
	st calendar year: to December 31, 2018	VA Disability	\$14,684.00		
For the ca	llendar year before that:	VA Disability	\$13,944.00		
	to December 31, 2017	Gambling Winnings	\$2,000.00		

Debtor 1	Catherine Irene Hassler	Case number (if known)								
Part 3:	List Certain Payments You Ma	ade Before \	ou Filed for Ba	nkruptcy						
	ther Debtor 1's or Debtor 2's debts prim									
□ No		<b>Neither Debtor 1 nor Debtor 2 has primarily consumer debts.</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."								
	During the 90 days before you filed fo	r bankruptcy, di	d you pay any credit	or a total of \$6,825	* or more?					
	☐ No. Go to line 7.									
	Yes. List below each creditor to w total amount you paid that cr child support and alimony. A	editor. Do not i	nclude payments for	domestic support	obligations, such as					
* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.										
<b>☑</b> Y∈	es. Debtor 1 or Debtor 2 or both have p	rimarily consu	mer debts.							
	During the 90 days before you filed fo	r bankruptcy, di	d you pay any credit	or a total of \$600 o	r more?					
	☐ No. Go to line 7.									
	Yes. List below each creditor to w creditor. Do not include payren Also, do not include paymen	ments for dome	stic support obligation	ons, such as child s						
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for					
Lynco Pro	operties	_	\$1,725.00		Mortgage					
Creditor's nar		Monthly p	avments		Car					
910 E 61s Number S	treet	_			☐ Credit card					
Nullibel 3	ueet				Loan repayment					
					☐ Suppliers or vendors					
Tulsa City	OK         74136           State         ZIP Code									
7. Within Insider corpor agent, such a	n 1 year before you filed for bankruptcy, rs include your relatives; any general partrations of which you are an officer, director, including one for a business you operate as child support and alimony.	ers; relatives of person in cont	f any general partne rol, or owner of 20%	rs; partnerships of vormore of their vot	which you are a general partner; ing securities; and any managing					

Deb	otor 1	Catherine Irene Has	sler	Case number	(if known) _			
8.		1 year before you filed ed an insider?	for bankruptcy, did you make ar	ny payments or transfer any pr	operty on a	ccount of a d	lebt that	
	Include	payments on debts guar	anteed or cosigned by an insider.					
	✓ No ☐ Yes	. List all payments that	benefited an insider.					
Р	art 4:	Identify Legal Ac	tions, Repossessions, and	d Foreclosures				
9.	Within List all s	year before you filed	for bankruptcy, were you a part ersonal injury cases, small claims	y in any lawsuit, court action, o		•	•	y
	□ No ✓ Yes	. Fill in the details.						
Cas	e title		Nature of the case	Court or agency		Sta	itus of the ca	ase
_		ank v. Catherine	Indebtiness	Tulsa County, O	klahoma		— <b>∏</b> Pend	ling
ная	ssler			Court Name 500 S. Denver A	ve		_	ppeal
_				Number Street			_	
Cas	e numbe	r <u>CS-2019-5323</u>	_				_ Cond	luded
				Tulsa	OK	74107	_	
				City	State	ZIP Code		
Cas	e title		Nature of the case	Court or agency		Sta	itus of the ca	ase
CA	PITAL O	NE BANK	Indebtiness	Tulsa County Ol	klahoma		— <mark>∏</mark> Pend	lina
		HASSLER,		Court Name 500 S. Denver A	vo			
CA	THERIN	E		Number Street	ve			ppeal
Cas	e numbe	r CS-2016-2165	_				_ 🗹 Cond	cluded
				Tulsa	ОК	74107		
				City	State	ZIP Code	_	
10.	seized,	1 year before you filed or levied? all that apply and fill in the	for bankruptcy, was any of your e details below.	property repossessed, forecle	osed, garnis	shed, attache	d,	
	لنتا	Go to line 11.  Fill in the information	pelow.					
11.			d for bankruptcy, did any credito or refuse to make a payment bed		al institutior	, set off any		
	✓ No ☐ Yes	. Fill in the details.						
12.		-	for bankruptcy, was any of your eceiver, a custodian, or another		f an assigne	e for the ben	efit of	
	☑ No □ Yes							

Debtor 1		Catherine Irene Hassler	Case number (if kn	own)	
Ρ	art 5:	List Certain Gifts and Cor	ntributions		
13.	Within	2 years before you filed for bankru	uptcy, did you give any gifts with a total value of more th	nan \$600 per perso	on?
	☑ No □ Yes	s. Fill in the details for each gift.			
14.		2 years before you filed for bankru charity?	uptcy, did you give any gifts or contributions with a total	l value of more tha	an \$600
	✓ No	s. Fill in the details for each gift or c	ontribution.		
Р	art 6:	List Certain Losses			
15.		1 year before you filed for bankru lisaster, or gambling?	otcy or since you filed for bankruptcy, did you lose anyt	hing because of th	neft, fire,
	□ No ☑ Yes	s. Fill in the details.			
Describe the property you lost and how the loss occurred			Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		Value of property lost
Ga	mbling	Losses	insurance claims on line 33 of Schedule 74.B. Property.	2017	\$2,000.00
Р	art 7:	List Certain Payments or	Transfers		
16.			otcy, did you or anyone else acting on your behalf pay o	r transfer any pro	perty to
	-	•	reparers, or credit counseling agencies for services required	d for your bankrupt	су.
	□ No ☑ Yes	s. Fill in the details.			
	w Office	e <b>Of Charles Kania</b> Vas Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
		h Lewis Ave Suite 120		08/22/2019	\$1,040.00
	nber Str Isa, OK	74105			
	,				
City		State ZIP Code			
Ema	ail or websi	te address			
Pers	son Who M	Made the Payment, if Not You			

Debt	or 1	Catherine Irene Hassler	Case number (if known)						
CIN	Legal		Description and value of any property transferred	Date payment or transfer was	Amount of payment				
		Was Paid	-	made					
Numb	ner St	reet	-		\$40.00				
	Jei Ot	reet	-						
City		State ZIP Code	-						
Email	or webs	ite address	-						
Perso	n Who I	Made the Payment, if Not You	-						
		rcc, Inc. Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
					\$15.00				
Numb	er St	reet	-						
			-		-				
City		State ZIP Code	-						
Email	or webs	ite address	-						
Perso	n Who I	Made the Payment, if Not You	-						
			ptcy, did you or anyone else acting on your behalf pay rith your creditors or to make payments to your credito		perty to				
	Do not	include any payment or transfer that	you listed on line 16.						
	☑ No	s. Fill in the details.							
		-	uptcy, did you sell, trade, or otherwise transfer any pro se of your business or financial affairs?	perty to anyone, ot	her than				
	Include		s made as security (such as granting of a security interest	or mortgage on your	property).				
	✓ No	s. Fill in the details.							
		10 years before you filed for bank e a beneficiary? (These are often	ruptcy, did you transfer any property to a self-settled to called asset-protection devices.)	rust or similar devic	e of which				
	✓ No		,						

Del	otor 1	Catherine Irene Hassler Case	e number (if known)
Р	art 8:	List Certain Financial Accounts, Instruments, Safe Deposit I	Boxes, and Storage Units
20.		n 1 year before you filed for bankruptcy, were any financial accounts or instru it, closed, sold, moved, or transferred?	ments held in your name, or for your
		e checking, savings, money market, or other financial accounts; certificates of deps, pension funds, cooperatives, associations, and other financial institutions.	osit; shares in banks, credit unions, brokerage
	✓ No ☐ Yes	o es. Fill in the details.	
21.	-	u now have, or did you have within 1 year before you filed for bankruptcy, an curities, cash, or other valuables?	y safe deposit box or other depository
	✓ No ☐ Yes	o es. Fill in the details.	
22.	<b>☑</b> No	you stored property in a storage unit or place other than your home within 1 your home wi	ear before you filed for bankruptcy?
Р	art 9:	Identify Property You Hold or Control for Someone Else	
23.		u hold or control any property that someone else owns? Include any propert d in trust for someone.	y you borrowed from, are storing for,
	✓ No ☐ Yes	o es. Fill in the details.	
Р	art 10:	Give Details About Environmental Information	
For	the purp	rpose of Part 10, the following definitions apply:	
	hazardou	nmental law means any federal, state, or local statute or regulation concerning ous or toxic substance, wastes, or material into the air, land, soil, surface wating statutes or regulations controlling the cleanup of these substances, waste	er, groundwater, or other medium,
		eans any location, facility, or property as defined under any environmental law t or used to own, operate, or utilize it, including disposal sites.	v, whether you now own, operate, or
		ous material means anything an environmental law defines as a hazardous w nce, hazardous material, pollutant, contaminant, or similar item.	aste, hazardous substance, toxic
Rep	oort all no	notices, releases, and proceedings that you know about, regardless of when	they occurred.
24.	Has any law?	ny governmental unit notified you that you may be liable or potentially liable (	under or in violation of an environmental
	☑ No ☐ Yes	o es. Fill in the details.	
25.		you notified any governmental unit of any release of hazardous material?	
	✓ No ☐ Yes	o es. Fill in the details.	

Deb	tor 1	Catherine Irene Hassler				Case number	r (if known) _		
26.	Have order	you been a party in any judicia s.	ıl or administrat	ive procee	ding under any	environmenta	al law? Inclu	de settle	ments and
	☑ N	o es. Fill in the details.							
Pa	art 11	Give Details About Yo	our Business	or Conn	ections to A	ny Busines	S		
27.	Within busin	n 4 years before you filed for b ess?	ankruptcy, did y	ou own a l	business or hav	ve any of the f	ollowing con	nections	to any
	] ] ] ]	A sole proprietor or self-empl A member of a limited liability A partner in a partnership An officer, director, or manag An owner of at least 5% of th	company (LLC)	or limited li	ability partnersh		e or part-time		
	_	o. None of the above applies. Ces. Check all that apply above a		ils below fo	r each business				
		h - Delivery Service	Describe the i		ne business		er Identificat include Socia		oer y number or ITIN.
	ress Na	me st Street Apt 4H				EIN:			
Num		Street	Name of acco	untant or b	ооккеерег	Dates b	usiness exis	ted	
			-			From	2018	То	Present
Tul:	sa	OK 74136 State ZIP Code	_						<u> </u>
	all fin  ✓ N	es. Fill in the details below.		ou give a 1	financial statem	ent to anyone	about your I	ousiness	? Include
that prop	answe	the answers on this <i>Statemen</i> ers are true and correct. I under y fraud in connection with a bas 8 U.S.C. §§ 152, 1341, 1519, and	erstand that mal ankruptcy case	king a false	e statement, co	ncealing prop	erty, or obtain	ning mor	ey or
		herine Irene Hassler ne Irene Hassler, Debtor 1	x	Signature o	of Debtor 2				
[	Date _	08/27/2019		Date					
Did	you at	tach additional pages to Your	Statement of Fin	ancial Affa	nirs for Individu	als Filing for E	Bankruptcy (C	Official Fo	orm 107)?
Did	you pa	y or agree to pay someone wh	no is not an atto	rney to hel	p you fill out ba	nkruptcy forn	ns?		
		lame of person					•	-	<i>n Preparer's Notice,</i> Official Form 119).

				1	
Fill in this inf	ormation to id	lentify your case:		į.	
Debtor 1	Catherine First Name	Irene Middle Name	Hassler Last Name		
	i iist ivaille	Middle Name	Lastivanie		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for	the: NORTHERN DIS	TRICT OF OKLAHOMA		
Case number (if known)					Check if this is an amended filing
Official Form	108				
		for Individuals I	Filing Under Chapt	ter 7	12/15
If you are an indiv	idual filing unde	r chapter 7, you must fi	ll out this form if:		
■ creditors have	claims secured	by your property, or			
■ you have lease	ed personal prop	erty and the lease has i	not expired.		
	hever is earlier, ι	_	you file your bankruptcy p s the time for cause. You r	-	•
If two married peo Both debtors mus			oth are equally responsible	for supplying correct i	nformation.
•	-	ossible. If more space and case number (if kr	is needed, attach a separat lown).	e sheet to this form. O	n the top of any
Part 1: Lis	t Your Credito	ors Who Hold Secu	red Claims		
-	itors that you list rmation below.	ed in Part 1 of <i>Schedul</i>	le D: Creditors Who Hold C	aims Secured by Prop	erty (Official Form 106D),
Identify the c	reditor and the p	roperty that is collatera	What do you inten property that secu		Did you claim the property as exempt on Schedule C?
None.					
Part 2: Lis	t Your Unexp	red Personal Prop	erty Leases		
fill in the informat	ion below. Do no	ot list real estate leases	-	ses that are still in effe	red Leases (Official Form 106G), ct; the lease period has not S.C. § 365(p)(2).
Describe you	ır unexpired pers	onal property leases			Will this lease be assumed?
Lessor's name	e: Lynco	Properties ent Lease			□ No ✓ Yes

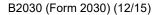
property:

Debtor 1	Catherine Irene Hassler	Case number (if known)	
Part :	3: Sign Below		_
	er penalty of perjury, I declare that I I onal property that is subject to an ur	ave indicated my intention about any property of my estate that secures a debt and expired lease.	
X /s/ C	Catherine Irene Hassler	X	
Cath	erine Irene Hassler, Debtor 1	Signature of Debtor 2	
Date	08/27/2019 MM / DD / YYYY	Date MM / DD / YYYY	

B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT** NORTHERN DISTRICT OF OKLAHOMA **TULSA DIVISION**

ln	re Catherine Irene Hassler	Case No.					
		Chapter	7				
	DISCLOSURE OF COMPENSATION OF ATTOR	NEY FOR	R DEBTOR				
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the that compensation paid to me within one year before the filing of the petition in baservices rendered or to be rendered on behalf of the debtor(s) in contemplation of is as follows:	nkruptcy, or	agreed to be paid to me, for				
	For legal services, I have agreed to accept	\$	1,040.00				
	Prior to the filing of this statement I have received	\$	1,040.00				
	Balance Due		\$0.00				
2.	The source of the compensation paid to me was:						
	☑ Debtor ☐ Other (specify)						
3.	The source of compensation to be paid to me is:						
	☑ Debtor ☐ Other (specify)						
4.	✓ I have not agreed to share the above-disclosed compensation with any other associates of my law firm.	person unle	ess they are members and				
	☐ I have agreed to share the above-disclosed compensation with another pers associates of my law firm. A copy of the agreement, together with a list of the compensation, is attached.						
5.	In return for the above-disclosed fee, I have agreed to render legal service for all	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor bankruptcy;	in determinin	ng whether to file a petition in				
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;						
	c. Representation of the debtor at the meeting of creditors and confirmation hear	ing, and any	adjourned hearings thereof;				
	d. [Other provisions as needed]						
	Exemption planning; preparation and filing of reaffirmation agreements and creditors. In addition to portion of fee paid as stated herein, the court's filing party has been paid by client(s). Also, debtor have been advised they have outstanding attorney fees owing at time of bankruptcy filing and that payme Client may use the services of 722redemption.com to providing funding for borrow \$700 from 722redemption.com to pay attorney fees for attorney fees	g fee and a d no legal obli ents post-pe redemption	credit report fee for each igation to pay any etition are strictly voluntary. is of vehicles; debtor will				



6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/27/2019 /s/ Charles J. Kania

Date Charles J. Kania

Law Office of Charles Kania 5319 S. Lewis Avenue, Suite 120 Tulsa, OK 74105

Charles@kanialaw.com

Phone: (918) 743-2239 / Fax: (918) 743-2244

Bar No. 20512

/s/ Catherine Irene Hassler

Catherine Irene Hassler

### Revised 02/2012

### IN THE UNITED STATES BANKRUPTCY COURT

Catherine Irene Hassler	<ul> <li>§ Case No. :</li> <li>§ Chapter: 7</li> <li>§</li> </ul>
DEBTOR(S)	§
<u>VERIFICATION AS TO OFF</u>	ICIAL CREDITOR LIST
✓ Original	
☐ Amendment ☐ Add ☐	Delete
I hereby certify under penalty of perjury that the man application, or uploaded to the Electronic Case Filing System anowledge.	
I further acknowledge that (1) the accuracy and conhared responsibility of the debtor and the debtor's attorney, nailings, and (3) that the various schedules and statements renailing purposes.	(2) the court will rely on the creditor listing for all
If this filing is an amendment to the creditor list, or to be deleted at this time. (For verification purposes, a uploaded, or to be deleted.)	indicate <u>only</u> the number of creditors being added ttach a list of the creditors being submitted,
# of Creditors (or if amended, # of creditor	rs added)
Method of submission:  a) _☑_ uploaded to Electronic Case Fill b) Creditor List Submission applic	ing System; or ation (to be used by Pro Se filers, found on the Court's
website at www.oknb,uscourts.gov, or available in t	he Clerk's Office)
# of Creditors (on attached list) to be deleted	
/S/ Catherine Irene Hassler  Debtor Signature Catherine Irene Hassler	Joint Debtor Signature
/s/ Charles J. Kania Counsel Debtors Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239 Facsimile: (918) 743-2244 charles@kanialaw.com	Date: August 27, 2019  [Check if applicable] Creditor(s) with foreign addresses included

Amex Correspondence/Bankruptcy PO Box 981540 El Paso, TX 79998

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Bankruptcy PO Box 15298 Wilmington, DE 19850

City Veterinary Hospital 3550 S. Peoria Ave Tulsa, Oklahoma 74105

Credit One Bank ATTN: Bankruptcy Department PO Box 98873 Las Vegas, NV 89193

Dept of Ed / Navient Attn: Claims Dept PO Box 9635 Wilkes Barr, PA 18773

Discover Bank c/o Stephen Bruce PO Box 808 Edmond, Oklahoma 73083-0808

Discover Financial Attn: Bankruptcy Department PO Box 15316 Wilmington, DE 19850

Dr. Mark Kelley 1705 E 19th Street Suite 512 Tulsa, Oklahoma 74104 EMSA 1111 Classen Dr. Oklahoma City, Oklahoma 73103

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service PO Box 802501 Cincinnati, OH 45280

LVNV Funding/Resurgent Capital Attn: Bankruptcy PO Box 10497 Greenville, SC 29603

Lynco Properties 910 E 61st Street Tulsa, Oklahoma 74136

Oklahoma Student Loan Authority/OSLA 525 Central Park Drive Suite 600 Oklahoma City, OK 73105

Oklahoma Tax Commission P.O. Box 26930 Oklahoma City, OK 73126

Stephen L. Bruce Attorney at Law PO Box 808 Edmond, Oklahoma 73083-0808

Synchrony Bank/Sams Attn: Bankruptcy PO Box 965060 Orlando, FL 32896 Synchrony Bank/Sams Club Attn: Bankruptcy Dept PO Box 965060 Orlando, FL 32896

Tulsa Community College 6111 E. Skelly Drive Tulsa, Oklahoma 74135

F	ill in this inf	ormation to i	dentify your case	:		e box only as dire in Form 122A-1Sเ		
De	ebtor 1	Catherine First Name	Irene Middle Name	Hassler Last Name	.   -	no presumption of abu		
	ebtor 2 pouse, if filing)		Middle Name	Last Name	2. The calc	ulation to determine if a	a presumption Inder Chapter 7	
Uı	nited States Ba	nkruptcy Court fo	r the: <b>NORTHERN D</b>	ISTRICT OF OKLAHOMA	11	est Calculation (Officia		
	ase number known)					ns Test does not apply ed military service but		
					Check if t	his is an amended filin	g	
Of	ficial Form	122A-1						
Ch	apter 7 S	tatement o	f Your Current	Monthly Income			12/15	
are mili 122	exempted from tary service, c A-1Supp) with	m a presumption complete and file this form.	of abuse because yo	s, write your name and case ou do not have primarily constion from Presumption of Abo	umer debts or b	ecause of qualifying	you	
1.	What is your	marital and filing	g status? Check one o	only.				
	Not mar	ried. Fill out Colu	ımn A, lines 2-11.					
				ill out both Columns A and B, li	nes 2-11.			
	— Married and community NOT fill and the community							
	Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.							
	dec	lare under penalt	y of perjury that you an	<ol> <li>Fill out Column A, lines 2-11 d your spouse are legally sepa s that do not include evading the</li> </ol>	rated under nonb	ankruptcy law that appl	ies or that you	
	bankruptcy of August 31. If in the result.	the amount of yo Do not include an	§ 101(10A). For exampur monthly income various income amount more	ed from all sources, derived on the pole, if you are filing on Septembled during the 6 months, add the than once. For example, if but have nothing to report for any leads to the control of the pole.	per 15, the 6-mon ne income for all 6 oth spouses own t	th period would be Mar months and divide the he same rental propert	ch 1 through total by 6. Fill	
					Debtor 1	Debtor 2 or non-filing spouse		
2.	•	vages, salary, tip vroll deductions).	s, bonuses, overtime	, and commissions	\$0.00			
3.	Alimony and if Column B is		yments. Do not includ	de payments from a spouse	\$0.00			
4.	expenses of regular contrib your depende	you or your depo outions from an u ents, parents, and	roommates. Include re		\$0.00			

Deb	btor 1 Catherine Irene Hassle	er		c	ase number (if k	nown)	
					Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse	e
5.	Net income from operating a bus	iness, profession, o	or farm				
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$122.83		-			
	Ordinary and necessary operating expenses	\$53.33		- Сору			
	Net monthly income from a busine profession, or farm	ss, <b>\$69.50</b>		here →	\$69.50		
6.	Net income from rental and other	r real property					
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00		-			
	Ordinary and necessary operating expenses	\$0.00		- Сору			
	Net monthly income from rental or other real property	\$0.00		here →	\$0.00		
7.	Interest, dividends, and royalties				\$0.00		
8.	Unemployment compensation				\$0.00		
	Do not enter the amount if you con benefit under the Social Security A						
	For you		\$0.	00			
	For your spouse						
9.	Pension or retirement income. Domain as a benefit under the Social Sec		ount received tha	t	\$0.00		
10.	O. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.			vct y,			
	VA Disability				\$1,833.00		
11	Total amounts from separate page					+	
11.	<ul> <li>Calculate your total current mon Add lines 2 through 10 for each co</li> </ul>	lumn.			\$1,902.50	+	= \$1,902.50
	Then add the total for Column A to	the total for Column	В.	L			Total current

Debtor 1		<u>c</u>	atherine Irene Hassler		Case number (if known)	
Р	art 2:		Determine Whether the Means	Test Applies to You		
12.	Calc	ulate	your current monthly income for the y	ear. Follow these steps:		
	12a. Copy your total current monthly income from		by your total current monthly income from	line 11	Copy line 11 here 😝 12a. \$1,902.50	_
		Mu	Itiply by 12 (the number of months in a ye	ar).	X 12	_
	12b.	The	e result is your annual income for this part	of the form.	12b. <b>\$22,830.00</b>	_]
13.	Calc	ulate	the median family income that applies	to you. Follow these steps:		
	Fill in	the	state in which you live.	Oklahoma		
	Fill ir	the	number of people in your household.	1		
	Fill in	the	median family income for your state and s	size of household	13. \$46,756.00	]
			ist of applicable median income amounts as for this form. This list may also be avai			
14.	How	do tl	ne lines compare?			
	14a.		Line 12b is less than or equal to line 13 Go to Part 3.	. On the top of page 1, check b	pox 1, There is no presumption of abuse.	
	14b.		Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, <i>The</i>	presumption of abuse is determined by Form 122A-2.	
P	art 3:		Sign Below			
						_
	Ву	signii	ng here, I declare under penalty of perjury	that the information on this sta	atement and in any attachments is true and correct.	
			eatherine Irene Hassler erine Irene Hassler, Debtor 1	<b>X</b>	ature of Debtor 2	
		Date	8/27/2019 MM / DD / YYYY	Date	MM / DD / YYYY	
	If y	ou ch	ecked line 14a, do NOT fill out or file For	m 122A-2.	22 /	

If you checked line 14b, fill out Form 122A-2 and file it with this form.

## IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:		§	
		§	Case No.:
	Catherine Irene Hassler	§	
		§	Chapter: 7
		§	
	DEBTOR(S)	§	

### SUBMISSION OF CERTIFICATE OF CREDIT COUNSELING

**COMES NOW** the Debtor, Catherine Irene Hassler, by and through attorney, Charles J, Kania of the **KANIA LAW OFFICE**, and respectfully submits to the Court the following:

1. Catherine Irene Hassler's Certificate of Credit Counseling.

**WHEREFORE**, Debtor prays that the Court attach this certificate to the filed Bankruptcy case.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239 Facsimile: (918) 743-2244 charles@kanialaw.com Certificate Number: 15725-OKN-CC-033287320



## **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>August 21, 2019</u>, at <u>7:44</u> o'clock <u>PM EDT</u>, <u>Catherine Hassler</u> received from <u>001 Debtorcc</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>Northern District of Oklahoma</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 21, 2019

By: /s/Charlene Duan

Name: Charlene Duan

Title: Issuer

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

FORM 1007-1F (10/07)

# IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:		§	
	Catherine Irene Hassler	<ul><li>§ Case No.:</li><li>§</li><li>§ Chapter: 7</li><li>§</li></ul>	
	DEBTOR		
	PAYMENT ADVI (NOTE: A separate form must be file	CES CERTIFICATION d by each debtor in a joint case)	
hours a	vidence of payment (such as paycheck st	), a debtor shall file copies of <i>all</i> payment advices or ubs, direct deposit statements, employer's statement of mployer <i>within 60 days</i> before the date the debtor filed stollows ( <i>select one</i> ):	
	I have attached hereto, or previously filed with the Court, copies of all payment advices or othe evidence of payment received from my employer(s) within 60 days before the petition date.		
	Number of Payment Advices atta Period Covered: 6-27-2019 8-27 (If period covered)	-2019 d is less than 60 days, attach an explanation.)  cover the entire 60-day period, describe any "other	
	have not yet located or obtained copies or	loyer(s) during the 60 days before the petition date but fall of the payment advices. I understand that if I do not e of payment within 45 days from the petition date, my	
	Number of Employers: Period Covered: Number of missing Payment Advice Dates of missing Payment Advice	Number of Payment Advices attached: ices: es:	
		r other evidence of payment from any employer at any on date. (If you were employed, attach an explanation of ices from your employer.)	
	I declare under penalty of perjury that the my knowledge, information and belief.	the foregoing statement is true and correct to the best of	
Date: August 27, 2019 Pr		/s/_Catherine Irene Hassler Print name:Catherine Irene Hassler	

\* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.

Respectfully submitted,

### KANIA LAW OFFICE

/s/ Charles J. Kania

Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239

Facsimile: (918) 743-2244 charles@kanialaw.com

Enc.

PROFIT LOSS STATEMENT					
Business Name: Catherine Hassler					
Person Reporting: Cathanae Hassler					
Month: Year: 201	9				
GROSS INCOME					
Description	Amount				
Food delivery		7500			
	Total Amount:	\$ 47 16 62			
	Total Allount.	19 8			
COSTS OF GOODS SOLD		The contribution of the state o			
Description	Amount				
	10				
NA	NVT	NOT			
, (	Total Amount:	\$			
EXPENSES		3.000000000000000000000000000000000000			
Description	Amount	1 C - 1100 10 (100) 1 Property - 1 Property - 1100 100 100 100 100 100 100 100 100			
Gas		30.00			
	Total Amount:	\$			
	1 otal 7 miodile.	Ψ			
NET INCOME					
Total Cusas In a sus					
Total Gross Income Total Costs of Goods Sold	\$	\$ 45,00			
Total Expenses	\$				
Tom Diponoco	Ψ	Constitution of the Consti			
	Net Income	\$ 45.00			
	-				

Signature

PROFIT LOSS STATEMENT

Business Name: Catherine	Hassle	<i>V</i>
Person Reporting:		
Month: Year: 201		
GROSS INCOME		
Description	Amount	PARTIES OF THE PARTIE
Food delivery		125.00
	Total Amount:	\$ 12-5,00
COSTS OF GOODS SOLD		
Description	Amount	, 1
	1 A	NA
	121.	10 (3)
3	Total Amount:	\$
EXPENSES		
Description	Amount	
Cas		65.00
	T. 1 1 A	
	Total Amount:	\$
NET INCOME		
Total Gross Income		\$ 60,00
Total Costs of Goods Sold	\$	2
Total Expenses	\$	
	Net Income	\$ 60.00

PROFIT LOSS STATEMENT				
Business Name: Catherine Hassley				
Person Reporting: Catherine				
Month: Year: 20\				
GROSS INCOME				
Description	Amount	# 137.00		
Food delivery		11 1 - 11		
	Total Amount:	\$ 137,00		
COSTS OF GOODS SOLD				
Description	Amount			
	) / / A	N / / A		
	11/1	I V / J		
	Total Amount:	\$		
	Total Amount:	] \$		
EXPENSES				
Description	Amount			
Cas		60,00		
	Total Amount:	\$ 60.00		
NET INCOME				
NET INCOME				
Total Gross Income	ACTION OF THE PROPERTY OF THE	\$ 7700		
Total Costs of Goods Sold	\$	,		
Total Expenses	\$			

Net Income

Signature